

## **FEC FORM 9**

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

<i>2008</i>	SEP	17	A	9:	3:
-000	SEP	17	A	9:	3

. Person Making the Disbursements/Obliga	ations	
(a) Name	AT MARK	•
AMERICAN RIGHTS	AI WORK	
(b) Address (number and street)check if differ	NW Suite 950	2. FEC Identification Number
(a) City State and ZID Code		
(d) Name of Employer or Puncipal Place of Business	20036 (e)	Occupation
(0, 1000)		
		regularities internations entrangement
New		09 15 2008
Is This Statement or	4. Covering Period	through
Amended		09 21 2008
	<u> </u>	
(a) Date of Public Distribution(s)	\$ 2008 (b) Commu	inication Title <u>See Saw - M</u>
The filer is a(n): (a) Individual (b) Unir	ncorporated Organization (c)	Qualified Nonprofit Corporation (11 CFR 114.10
(d) Corporation, Labor Organization or Qu		
(e) Other, specify:		
(a) Name  KIMBERLY  TA	AYLOR	
(b) Address (number and street) 1100 17 th Street	et, NW Suite	950
(c) City, State and ZIP Code  Washington, D  (d) Name of Employer or Principal Place of Business		
(d) Name of Employer or Principal Place of Business	3 (e)	Occupation
American Right	's at Work	Finance Officer
Total Donations This Statement	town of confidence of the conf	0.00
. Total Disbursements/Obligations This Si	latement (case Accordance)	71.5.74.00
Under penalty of perjury, I certify that this statement	ent is true, correct and complete.	
TYPE OR PRINT NAME OF PERSON COMPLETING	Popul Kimberly	A. Freeman
SIGNATURE Ambelly	fleen or	A. Freeman are 09-16-08
NOTE: Submission of lease, errongous or instringiet	, e information may subject the person signing:	this statement to the penalties of 2 U.S.C. 8437a.
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